

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90045 039 ***150.00

DOCUMENT # P06000121891

1. Entity Name

CARLA WARLOW CONSULTING GROUP, INC.



Principal Place of Business

~~1290 EDGEWATER DRIVE~~
~~103~~
~~ORLANDO FL 32804~~
US

Mailing Address

~~1290 EDGEWATER DRIVE~~
~~103~~
~~ORLANDO FL 32804~~
US

2. Principal Place of Business - No P.O. Box #

79 W. Iliana St.

3. Mailing Address

P.O. Box 547936

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/06)

City & State

Orlando, FL
32804 US

City & State

Orlando, FL
32854-7936 US

FEI Number

20-5586918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARLOW, CARLA O
~~313 COLUMBO CIRCLE~~
~~ORLANDO FL 32804~~

7. Name and Address of New Registered Agent

Name WARLOW, CARLA O.

Street Address (P.O. Box Number is Not Acceptable)

79 W. Iliana Street

City Orlando

FL

Zip Code 32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

3/3/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WARLOW, CARLA O ☐ Delete
STREET ADDRESS ~~1290 EDGEWATER DRIVE, # 103~~
CITY- ST- ZIP ~~ORLANDO FL 32804~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME CARLA O. WARLOW
STREET ADDRESS P.O. Box 547936
CITY- ST- ZIP ORLANDO, FL 32854-7936

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/3/07 (407) 999-5221